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## APPLICANTS

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*Verified R56*

\*\* CONTINUING DATA \*\*\*\*\*

*NONE*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*NONE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

03/21/2002

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY OR</b>	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 27	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials				

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## TITLE

Consent system for accessing health information

<b>FILING FEE RECEIVED</b> 1080	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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